

# CHILD NUTRITION AND FOOD DISTRIBUTION DIVISION MANAGEMENT BULLETIN

No.: 97-365

TO:	Summer Food Service Program Sponsors	ISSUE DATE: August 1997
FROM:	Summer Food Service Program Unit	
ATTENTION:	Authorized Representative	
SUBJECT:	Milk Requirements	

This Management Bulletin includes the United States Department of Agriculture's instructions, FCS Instruction 783-7, for the types of milk that may be used to fulfill the milk component requirement on the Summer Food Service Program. The instruction is divided into four sections: a) The minimum standards which apply to all Child Nutrition Programs; b) Alternative types of milk; c) Breastmilk for children who are breastfeeding; and d) The unavailability of milk.

If you have any questions regarding this bulletin, please call Joye McKetty, Child Nutrition Consultant, Summer Food Service Program Unit at (916) 323-0213, or use the toll free number (800) 333-5675 to leave a message.

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Child Nutrition and Food Distribution Division  
Assistant Superintendent of Public Instruction

**Jawayne Brooks, Ph.D.**  
Deputy Superintendent  
Child, Youth and Family Services  
Branch

Enclosures

This is an equal opportunity program. If you believe you have been discriminated against because of race, color, ethnic/national origin, age, sex, religion or disability, you should write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

**Delaine Eastin - Superintendent of Public Instruction**

## ELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES

**PART 1 - CHILD'S NAME:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**PART 2A - HOUSEHOLDS NOW GETTING FOOD STAMPS, AFDC OR FDPIR BENEFITS:** Fill in one of the boxes below, sign the statement and print the information requested in PART 3 - **DO NOT COMPLETE PART 2B.**

FOOD STAMP CASE NO.	AFDC IDENTIFICATION NO.	FDPIR IDENTIFICATION NO.
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**PART 2B - ALL OTHER HOUSEHOLDS:** Complete this part and sign the statement in PART 3 only if you do not receive food stamps, AFDC, or FDPIR benefits, and did not complete PART 2A.

NAMES	CURRENT INCOME / FREQUENCY							
Names of all household members (participating child, parents, siblings and any other persons living in household)	Earnings from Work		Welfare, Child Support, Alimony		Payments from Pensions, Retirement, Social Security		Earnings from 2nd Job or any other income	
	Amount	How often	Amount	How often	Amount	How often	Amount	How often
1. _____	1. _____	_____	1. _____	_____	1. _____	_____	1. _____	_____
2. _____	2. _____	_____	2. _____	_____	2. _____	_____	2. _____	_____
3. _____	3. _____	_____	3. _____	_____	3. _____	_____	3. _____	_____
4. _____	4. _____	_____	4. _____	_____	4. _____	_____	4. _____	_____
5. _____	5. _____	_____	5. _____	_____	5. _____	_____	5. _____	_____
6. _____	6. _____	_____	6. _____	_____	6. _____	_____	6. _____	_____
7. _____	7. _____	_____	7. _____	_____	7. _____	_____	7. _____	_____
8. _____	8. _____	_____	8. _____	_____	8. _____	_____	8. _____	_____

**PART 2C - FOSTER CHILD:** Complete this part and sign the statement in PART 3. If the child listed in PART 1 is a foster child, check here ☐ Write the child's income and how often it is received here: \$ \_\_\_\_\_ per \_\_\_\_\_ (wk., mo., or yr.)

**PART 3 - SIGNATURE:** An adult household member must sign this statement and complete the requested information before the application can be approved.

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THE FOOD STAMP, AFDC, OR FDPIR NUMBER IS CORRECT OR THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN FOR THE RECEIPT OF FEDERAL FUNDS; THAT INSTITUTION OFFICIALS MAY VERIFY THE INFORMATION ON THE STATEMENT AND THAT THE DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL LAWS.

SIGNATURE OF ADULT HOUSEHOLD MEMBER		PRINTED NAME		SOCIAL SECURITY NUMBER*	
DATE SIGNED	HOME TELEPHONE	WORK TELEPHONE	HOME ADDRESS	ZIP CODE	

**PART 4 - RACIAL/ETHNIC IDENTITY:** You are not required to answer this question. This information is requested for statistical purposes only. Check the box below to indicate the child's racial/ethnic category.

☐ WHITE, NOT OF HISPANIC ORIGIN

☐ BLACK, NOT OF HISPANIC ORIGIN

☐ HISPANIC

☐ ASIAN OR PACIFIC ISLANDER

☐ AMERICAN INDIAN OR ALASKAN

\*Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, AFDC, or FDPIR number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a social service office to determine current certification

of food stamp, AFDC, FDPIR benefits, contacting the State Employment Development Department (EDD) to determine benefits received, and checking documentation provided by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

<b>In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, or disability. Any person who believes they have been discriminated against, you should write immediately to the Secretary of Agriculture, Washington, D.C. 20250.</b>	<b>FOR SPONSOR USE ONLY</b>	
	HOUSEHOLD SIZE _____	NOT ELIGIBLE
	TOTAL HOUSEHOLD MONTHLY INCOME \$ _____	CATEGORICALLY ELIGIBLE
		HOUSEHOLD SIZE/INCOME ELIGIBLE
		AGENCY OFFICIAL'S SIGNATURE _____ DATE _____

ELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES INSTRUCTIONS

Please complete the Summer Food Service Program Eligibility Form for Camps and Enrolled Sites using the instructions below. Sign the form and return it to the sponsoring organization. Call the sponsor at \_\_\_\_\_ if you need assistance.

(Sponsor's Phone Number)

PART 1 - PARTICIPANT'S INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) Print the name of your own household's child.

PART 2A - HOUSEHOLDS RECIEVING FOOD STAMPS, AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS: COMPLETE THIS PART and PART 3 (Do not complete PART 2B).

- (1) List your current food stamp case number, your AFDC, or FDPIR identification number for the participant.  
(2) An adult household member must sign the statement in PART 3.

PART 2B - ALL OTHER HOUSEHOLDS:

- (1) Write the names of everyone in your household.  
(2) Write the amount and the frequency of income (ie., weekly, every two weeks, twice a month, or monthly) received last month for each household member. This income is the amount before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount, last month was more or less than usual, write that person's usual income.  
(3) An adult household member must sign and give his/her social security number in PART 3.

PART 2C - FOSTER CHILD: COMPLETE THIS PART and PART 3.

- (1) Write in the foster child's "personal use" income. Write "0" if the foster child does not receive "personal use" income.  
(2) A foster parent or other official representing the child must sign the form.

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) All eligibility forms must have the signature of an adult household member.  
(2) The adult household member who signs the statement must include his/her **social security number**. If he/she does not have a social security number, write "none." If you listed a food stamp, AFDC, or FDPIR number, a social security number is not needed.

PART 4 - RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY QUESTION IF YOU WISH.

You are not required to answer this question to receive meal benefits.

DEFINITION OF INCOME

"INCOME" for Summer Food Service Program purposes means income before deductions for income taxes, employees' social security taxes, insurance premiums, bonds, etc. It includes the following:

- (1) Monetary compensation for services, including wages, salary, commissions or fees;
- (2) Net income from non-farm self-employment;
- (3) Net income from farm self-employment;
- (4) Social security;

- (5) Dividends or interest; on savings or bonds, income from estates or trusts, or net rental income;
- (6) Public assistance or welfare payments;
- (7) Unemployment compensations;
- (8) Government civilian employee, or military retirement, or pensions or veteran's payments;
- (9) Private pensions or annuities;
- (10) Alimony or child support payments;
- (11) Regular contributions from persons not living in the household;
- (12) Net royalties;
- (13) Other cash income. Other cash income would include cash amounts received or withdrawn from any sources including savings, investment, trust accounts, and other resources which would be available to pay the price of a child's meal.

"INCOME" does not include any income of benefits received under any Federal program which are excluded from consideration as income by any legislative prohibition; for instance, income received by volunteers for services performed in the National Older American Volunteer Program.

## LETTER TO PARENTS Summer Food Service Program

Dear Parent/Guardian:

Providing nutritious meals to children participating in the Summer Food Service Program is a growing challenge and requires taking advantage of all available funding resources. One of these resources is the cash reimbursement program for meals from the United States Department of Agriculture (USDA). These benefits are very helpful and aid us in providing better service to children.

To assist our program in receiving these funds, please complete, sign, and return the Confidential Income Statement as soon as possible. This information will be kept strictly confidential.

Check the chart below; then complete the Income Statement.

### 1997 / 98 Income Eligibility Guidelines

FAMILY SIZE	YEAR	MONTH	WEEK
1	\$14,597	\$1,217	\$281
2	19,629	1,636	378
3	24,661	2,056	475
4	29,693	2,475	572
5	34,725	2,894	668
6	39,757	3,314	765
7	44,789	3,733	862
8	49,821	4,152	959
For each additional family member add:	+ 5,032	+ 420	+ 97

If your household now receives food stamps, AFDC for your children, or participate in the Food Distribution Program on Indian Reservations (FDPIR), complete parts 1, 2A, and 3, sign the application and *return* it. Your social security number is not required.

If your household income is equal to or less than the above, and your household does not receive food stamps, AFDC, or participate in the FDPIR, complete parts 1, 2B, and 3.

If your household income is more than the above, complete part 1, write N/A in sections 2A, 2B, sign and return the form.

Completing the form:

- The total current household income for each household member, and how often it is received.
- The names of all household members.
- The social security number of an adult household member or the person signing this form. If this person does not have a social security number, print "none" next to his/her name.
- Your signature.

In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, or disability. If you believe you have been discriminated against, you should write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Thank you for your cooperation.

SIGNATURE OF AUTHORIZED REPRESENTATIVE:	TITLE:	DATE:
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